

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE
27220022-OUTLETS 1 & 2

1. MONTH OF NOVEMBER 1, 2008 THRU NOVEMBER 30, 2008
2. Is Outlet # (8 digit) Correct? Y N N/A
3. Is average Total flow-gal.day stated in space provided? Y N N/A
4. Is max. Total flow-gal day stated in space provided? Y N N/A
5. Is method used to calculate water stated? Y N N/A
6. Are number of working days stated? Y N N/A
7. Are there any parameters which have exceeded PVSC Local Limits? Y N N/A
8. Is proper compliance/non-compliance statement provided? Y N N/A
9. Have correct number of samples been submitted? Y N N/A
10. Has PHC result been listed on MR-1 report? Y N N/A
11. Has sample number been reported in space provided? Y N N/A
12. Have all regulated parameters been listed on MR-1? Y N N/A
13. Has sample type been stated on MR-1? Y N N/A
14. Have all samples been taken during this reporting period? Y N N/A
15. Has NJDEPE certified lab been used? Y N N/A
16. Have analytical results been submitted on copies of Laboratory stationery? Y N N/A
17. Have results been written in space designated on MR-1? Y N N/A
18. Is correct method used to preserve samples stated on MR-1? Y N N/A
19. Has MR-1 been signed by authorized representative? Y N N/A
20. Has information been submitted on proper MR-1 form? Y N N/A
21. Remove Arsenic from report if sampling not required Y N N/A

c.j.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE

27220022

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 1/13/09 Date sent to user _____Date due back _____ Reviewer C.J.M.

Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORTNAME: COMO TEXTILE PRINTS INC.

DEC 22 2008

MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410OUTLET #: 1CONTACT OFFICIAL: MICHAEL BLANCHFIELDTELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 1 OLD OUTLET DESIGNATION: 27400341

Start			End		
11	1	08	11	30	08
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

Total Flow-gal/day

Method Used:

Production Rate (if applicable)

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.009	-	mg/l	1	Comp
	Permit Requirement	3.02		mg/l		
Pb	Sample Measurement	<0.005	-	mg/l	1	Comp
	Permit Requirement	0.54		mg/l		
Ni	Sample Measurement	<0.01	-	mg/l	1	Comp
	Permit Requirement	5.9		mg/l		
Zn	Sample Measurement	0.054	-	mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Permit Requirement					

PRETREATMENT MONITORING REPORT

DEC 22 2008

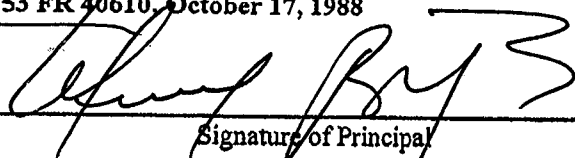
Certification of Non-Use if applicable (use additional sheets): We have been certified
for non-use for Cd, Cr, Hg

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: We are in compliance of the local
limits on Cu, Pb, Ni, Zn

Explain Method for preserving samples: Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve the samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.
Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering
the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.
I am aware that there are significant penalties for submitting false information, including the possibility of
fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal
Executive or Authorized Agent

| Michael F. Blanchfield

President

Type Name and Title

11/19/2008

Date

PRETREATMENT MONITORING REPORT

DEC 22 2008

NAME: COMO TEXTILE PRINTS INC.MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503CATEGORY & SUBPART: 410OUTLET #: 2CONTACT OFFICIAL: MICHAEL BLANCHFIELDTELEPHONE: 973 279-2950NEW CUSTOMER ID / OUTLET ID: 27220022 - 2 OLD OUTLET DESIGNATION: 27400342

MONITORING PERIOD

Average

Maximum

Start			End		
11	1	08	11	30	08
MO	DAY	YR	MO	DAY	YR

Regulated Flow-gal/day

Total Flow-gal/day

Method Used: Monthly meter reading divided by days worked

Production Rate (if applicable)

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cu	Sample Measurement	0.260	—	mg/l	1	Comp
	Permit Requirement	3.02	—	mg/l		
Pb	Sample Measurement	0.009	—	mg/l	1	Comp
	Permit Requirement	0.54	—	mg/l		
Ni	Sample Measurement	0.01	—	mg/l	1	Comp
	Permit Requirement	5.9	—	mg/l		
Zn	Sample Measurement	0.061	—	mg/l	1	Comp
	Permit Requirement	1.67	—	mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PVSC FORM MR-1 REV: 4 6/87 P 3

PRETREATMENT MONITORING REPORT

DEC 22 2008

Certification of Non-Use if applicable (use additional sheets):

We have been certified
for non-use for Cd, Cr, Hg

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: We are in Compliance of the locallimits) on Cu, Pb, Ni, Zn

Explain Method for preserving samples:

Samples were taken and
stored at 4 degrees Centigrade. Nitric
Acid was used to preserve The samples
at less than pH 2.0

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal

Executive or Authorized Agent

#2
Michael F. Blanchfield

President

Type Name and Title

11/12/2008

Date

Technion, Inc.
Testing and Research Laboratories

Client : Como Textiles

Date Received : 11/04/08

Date Digested : 11/05/08

Test Results

Sample ID: Pretreatment 1

Matrix: Wastewater

Lab ID: 8315-2

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
11/07/08	Copper	0.009	0.003	3.02	200.7
11/07/08	Lead	N.D.	0.005	0.54	200.7
11/07/08	Nickel	N.D.	0.01	5.9	200.7
11/07/08	Zinc	0.054	0.005	1.67	200.7

QC Lab ID - L2823824-2

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

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**Technion Inc.,
Testing and Research Laboratories**

Client : Como Textiles

Date Received : 11/04/08

Date Digested : 11/05/08

Test Results

Sample ID: Pretreatment 2

Matrix: Wastewater

Lab ID: 8315-4

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
11/07/08	Copper	0.260	0.003	3.02	200.7
11/07/08	Lead	0.009	0.005	0.54	200.7
11/07/08	Nickel	N.D.	0.01	5.9	200.7
11/07/08	Zinc	0.061	0.005	1.67	200.7

QC Lab ID - L2823824-2

Test results are in mg/l (ppm), unless specified.

MDL : Minimum Detection Limit

N.D. : Not Detected

NJDEP No. 07004

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Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED DEC 18 2008

Bill Date	Dec 10, 2008
Account Number	122621-98572
Date of Last Payment	Dec 03, 2008
Amount of Last Payment	\$ 6,102.64
Previous Balance	\$ 68.48
Current Charges	\$ 13,182.52
Total Amount Due	\$ 13,251.00
Due Date	Jan 09, 2009

SERVICE ADDRESS **191 E RAILWAY AVE, PATERSON**

BILL TYPE **MONTHLY BILL**

Billing Period

Oct 14, 2008--Nov 14, 2008

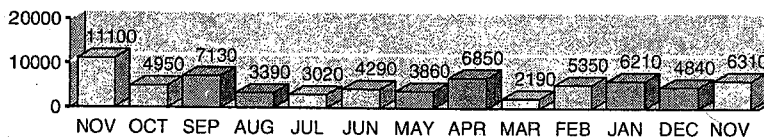
Services

Description	Charge
SERVICE CHARGE	337.60
FIRST 333 CCF	462.87
NEXT 9,999,999 CCF	12382.05

Meters

Meter No	Meter Size	Current	Previous	Consumption
70025607	4 INCH	8940	7830	11100

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Jan 09, 2009
Total Amount Due	\$ 13,251.00
Amount Enclosed	

RECEIVED DEC 18 2008

Mailing Address:

Service Address:

191 E RAILWAY AVE, PATERSON

*B-01-VOL-CM-00019

COMO TEXTILE PRINT
191 E RAILWAY AVE
PATERSON NJ 07503-2103

PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393





Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED DEC 8 - 2008

Bill Date	Dec 03, 2008
Account Number	122623-98574
Date of Last Payment	Oct 22, 2008
Amount of Last Payment	\$ 600.22
Previous Balance	\$ 745.60 Paid
Current Charges	\$ 830.22
Total Amount Due	\$ 1,575.82
Due Date	Jan 02, 2009

SERVICE ADDRESS **191 E RAILWAY AVE UT001, PATERSON**

BILL TYPE **MONTHLY BILL**

Billing Period

Oct 14, 2008--Nov 14, 2008

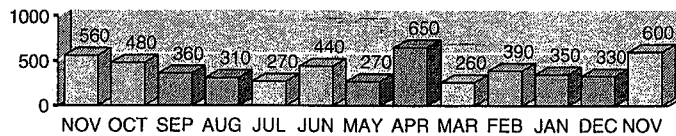
Services

Description	Charge
SERVICE CHARGE	106.30
FIRST 333 CCF	462.87
NEXT 9,999,999 CCF	261.05

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094678	2 INCH	4985	4929	560

Usage History (most recent first)



Message Center

Our records indicate that your account is delinquent in the amount of \$745.60. Failure to pay your past due amount within 30 days may result in service being shut off without further notice. After 60 days a \$40 late penalty will be applied to your account and a door tag notification will be generated. A \$115.00 reconnection fee will be charged if service is shut off. Please visit www.pvwc.com to view or pay your account online or call our Customer Service Department at 973-340-4300.



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
877-772-7077

RECEIVED DEC 15 2008

Bill Date	Dec 10, 2008
Account Number	122625-98578
Date of Last Payment	Dec 03, 2008
Amount of Last Payment	\$ 313.74
Previous Balance	\$ 0.00
Current Charges	\$ 390.19
Total Amount Due	\$ 390.19
Due Date	Jan 09, 2009

SERVICE ADDRESS **193 E RAILWAY AVE, PATERSON**

BILL TYPE **MONTHLY BILL**

Billing Period

Oct 14, 2008--Nov 14, 2008

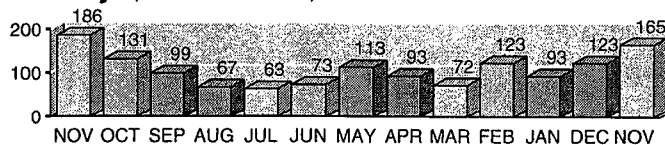
Services

Description	Charge
SERVICE CHARGE	106.30
SERVICE CHARGE	25.35
FIRST 333 CCF	258.54

Meters

Meter No	Meter Size	Current	Previous	Consumption
60094686	2 INCH	1294	1277	170
45141583	5/8 INCH	537	521	16

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission
P.O. Box 11393
Newark, New Jersey 07101-4393
973-340-4300
RECEIVED DEC 15 2008

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122625-98578
Due Date	Jan 09, 2009
Total Amount Due	\$ 390.19
Amount Enclosed	

Mailing Address:

Service Address:
193 E RAILWAY AVE, PATERSON

*B-01-V00-AM-01848

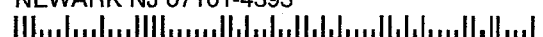
*****SNGLP

COMO TEXTILES
193 E RAILWAY AVE
PATERSON NJ 07503



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PASSAIC VALLEY WATER COMMISSION
PO BOX 11393
NEWARK NJ 07101-4393



RECEIVED NOV 24 2008

**Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110**

Tel : 973-661-0800

Fax : 973-661-1817

Analytical Report

Client : Como Textiles
Client Ref :
Material : Four Wastewater Samples

Date : 11/18/08
Technion Ref : 8315
Date Received : 11/04/08
Lab ID : 08: 8315

Project :

Analysis Req : BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst : Y. Yildiz, S. Zalewski

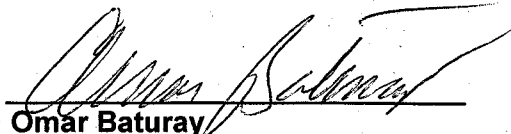
The above sample(s) were received on 11/04/08 and analyzed as requested.

Certificate of Analysis

Test Results : Test results are as attached.

Metals Subcontracted to QC Laboratories NELAP NJ PA166

Release of the data contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.


Omar Baturay
Laboratory Manager

OB/td

NJDEP No. 07004

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TECHNION, INC.

TESTING AND RESEARCH LABORATORY
263 HILLSIDE AVENUE
NUTLEY, NEW JERSEY 07110
Tel: (973) 661-0800 • Fax: (973) 661-1817

CHAIN OF CUSTODY

LAB I.D. #

1230

[illegible]

Tel: (973) 661-0800 • Fax: (973) 661 -1817

CHAIN OF CUSTODY

LAB I.D. #

22

Company Name / Address:

Proj. Mgr.

Comm Top file

Proj. Description

Sampler (Signature):

CHECK REPORT TYPE REQUIRED	
EPA TIER I (CLP)	<input type="checkbox"/>
EPA TIER II (CLP)	<input type="checkbox"/>
RESULTS ONLY III	<input type="checkbox"/>
NJ ECRA II	<input type="checkbox"/>
NJ TIER 1B	<input type="checkbox"/>
NY DOH	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
DATE DUE _____	

NO. OF SAMPLE CONTAINERS

Page of

[illegible]

Acquired by (Signature):

Acquired by (Signature):

REMARKS: TRANSPORTED AT 4°C?

SAMPLES IN GOOD CONDITION? ☒ YES ☐ NO

DROP DOWN BOX**NON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITS**NAME: COMO TEXTILE

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220022

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead _____	Zinc _____	SAMPLE DATE			
Cadmium _____	Mercury _____		MONTH	DAY	YEAR	
Chromium _____	Molybdenum _____		11	04	08	
Copper _____	Nickel <input checked="" type="checkbox"/>					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
NICKEL	Sample Measurement	<u>< 0.01</u>	n	mg/l 1	Comp.
	Threshold Value	0.02			
OUTLET #1	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
NICKEL	Sample Measurement	<u>< 0.01</u>	n	mg/L 1	comp.
	Threshold Value	0.02			
OUTLET #2	Sample Measurement				
	Threshold Value				
	Sample Measurement			TF	
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				